

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: EAGLE POINTE (0009648)
Address: 409 RIVER DR, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095305 **End Date:** 06/07/2005 **Type:** ABBREVIATED **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094074 **End Date:** 01/11/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009726 Served 02/07/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	05/02/2005	Yes
88.05(3)(b)	FREE OF HAZARDS	05/02/2005	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	05/02/2005	Yes

Survey ID: 0091654 **End Date:** 08/19/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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